



HEALTHCARE OVERSIGHT AND COORDINATION PLAN

Addendum C

FY22

Illinois Department of Children and Family Services

Healthcare Oversight and Coordination Plan

In 1993 the Illinois Department of Children and Family Services (DCFS) established a HealthWorks of Illinois Program as its plan for the ongoing oversight and coordination of health care services for children in foster care. This was in collaboration with the Illinois Department of Healthcare and Family Services (DHFS), the state's Title XIX/Medicaid agency, and the Illinois Department of Human Services (DHS), the state's Title V, Maternal and Child Health agency, at that time. As a result of this collaboration, all children taken into the legal custody of DCFS are provided coverage in the Illinois Medicaid Program from the first day of custody in order to ensure immediate access to medical care.

The scope of services in the Health Services Plan for children in DCFS custody through the Medicaid Program is the same as in the state Medicaid Plan approved by the Centers for Medicare and Medicaid Services.

DCFS has worked closely with DHFS staff regarding the implementation of Medicaid Expansion under the Affordable Care Act (ACA) to ensure continuous Medicaid coverage for youth aging out of foster care until age 26. A reporting system was implemented in 2015 to insure youth leaving foster care have medical coverage under ACA without interruption and have automatic Medicaid enrollment in place prior to termination of DCFS guardianship.

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;

In accordance with guidelines of the Child Welfare League of America and the terms of a federal consent decree, *B.H. v. McDonald*, each child/youth whom the Department takes into protective custody receives an **Initial Health Screening within 24 hours of protective custody and prior to placement**. The purpose of the Initial Health Screening is to assess the child's immediate health care needs, to document any signs and symptoms of abuse or neglect, and to provide health information to the caseworker to make the most appropriate placement for the child's assessed needs. Based on the most recent performance monitoring status reports for Initial Health Screenings for the third quarter of **FY21, 95.14%** of children for whom protective custody was taken received Initial Health Screenings, as documented in SACWIS.

For those children or youth who remain in the Department's custody and for whom the court awards temporary custody or guardianship to the Department, a **Comprehensive Health Evaluation is required within 21 days of temporary custody**. The Comprehensive Health Evaluation becomes a part of the comprehensive Integrated Assessment which identifies the developmental, physical and mental health, educational, and child welfare services needs for the child and the family. The Comprehensive Health Evaluation is conducted according to the standards of the federal EPSDT (Early and

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Periodic Screening, Diagnosis, and Treatment) program and the state's Healthy Kids Program. Based on the most recent performance monitoring status reports for Comprehensive Health Evaluations for the first two quarters of **FY21**, **88.59%** of children for whom DCFS had temporary custody received Comprehensive Health Evaluations. Of these, 54.51 % were completed within 21 days of temporary custody.

Children and youth continue to receive immunizations and preventive well child examinations and health screenings, including preventive dental examinations and prophylaxis, according to the recommended schedule of the American Academy of Pediatrics and the standards of the Medicaid/Healthy Kids Program. DCFS **further requires annual well child examinations for children and youth three years of age and older.**

In comparison to results of the CDC's National Immunization Survey of children 19-35 months old for the past six years:

Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series* 4:3:1:3:3:1:4 Among Children 19-35 Months of Age by U.S., State and Children in Foster Care in Illinois.

These data are gathered from the annual National Immunization Survey (NIS) conducted by the federal Centers for Disease Control and Prevention (CDC).

Year	US National %	State of Illinois %	Healthworks %
2013	70.4	66.8	76.8
2014	71.6	68.3	79.5
2015	72.2	70.8	75.2
2016	70.7	71.5	75.3
2017	70.4	75.4	69.1
2018	Not available	Not available	67.0
2019	Not available	Not available	65.1*

(2013-present) Vaccination Series: 4 DPT, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal Pneumonia

*From DHS MCMA age appropriate Plus 1st quarter report – 2nd quarter report is not available

Health Services is unable to provide data for 2018 and 2019 U.S. National percentages or State of Illinois percentages on children 19-35 months of age because the NIS data for the combined 7-vaccine series for 2018 and 2019 is not available. The most current available data is from 2017 and is recorded in the table above.

The Health Services management information specialist position was filled in December 2020 after being vacant from January 2019 to December 2020. Health Services attempted to maintain production of as many reports as possible during that period, however, much of the data collection was impossible without the critical support of information services. Health Services is again able to complete data collection and reporting as it has historically.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

The Department provides the following data to the Office of the Governor on a Quarterly basis for the Performance Metrics Report:

- Percentage of children in DCFS custody who have received the required **immunizations**:

FY Quarter	Received immunizations
Q4 FY18 (April – June 2018)	92.58%
Q1 FY19 (July – September 2018)	92.92%
Q2 FY19 (October – December 2018)	93.20%
Q3 FY 19 (January – March 2019)	93.39%
Q4 FY19 (April – June 2019)	93.43%
Q1 FY 20 (July – September 2019)	93.14%
Q2 FY 20 (October – December 2019)	92.76%

- Percentage of children in DCFS custody who have received the required **health examinations**, per the EPSDT/Annual Schedule:

FY Quarter – Under age 3	Received Health Exam
Q4 FY18 (April – June 2018)	95.85%
Q1 FY19 (July – September 2018)	95.88%
Q2 FY19 (October – December 2018)	96.32%
Q3 FY 19 (January – March 2019)	96.19%
Q4 FY 19 (April – June 2019)	96.24%
Q1 FY 20 (July – September 2019)	97.01%
Q2 FY 20 (October -December 2019)	97.23%

FY Quarter – Age 3 and Older	Received Health Exam
Q4 FY18 (April – June 2018)	86.51%
Q1 FY19 (July – September 2018)	85.51%
Q2 FY19 (October – December 2018)	85.14%
Q3 FY 19 (January – March 2019)	86.03%
Q4 FY 19 (April – June 2019)	86.25%
Q1 FY 20 (July – September 2019)	87.08%
Q2 FY 20 (October – December 2019)	88.59%

The source of this information is data gathered from the ACR Data Compliance Reports for Health Requirements.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child’s maltreatment and removal from home;

The child’s or youth’s health care needs identified at the Initial Health Screening, Comprehensive Health Evaluation, and subsequent health screenings are incorporated into the **Client Service Plan**. The HealthWorks lead agencies work with the children’s

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

caseworkers and caregivers to ensure that children receive any recommended follow-up health evaluations and services. When appropriate, children with special healthcare needs are referred to a DCFS nurse for follow up. The Service Plan, including documentation of ongoing medical care as well as identified health care needs of the child, is reviewed at the Administrative Case Review (ACR). The Integrated Assessment process details the steps to address emotional trauma associated with child's maltreatment and removal from the home. It is discussed in depth in Procedures 315.95(b).

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record;

Medical information about the child(ren) in their care is shared with foster parents and relative caregivers at a number of occasions:

- when the child is first placed in the foster home, from the health history which the worker has gathered from the biological parent(s) and from the Initial Health Screening;
- at the Comprehensive Health Evaluation in communication with the examining physician;
- at the Family Meeting within the first 45 days of the case through the Integrated Assessment.
- following the Comprehensive Health Evaluation, the foster parent receives a Health Passport for the child which summarizes all the known medical information for the child;
- at each well child/EPSTD examination with the child's primary care physician (PCP);
- at the 6-month Administrative Case Review (ACR); and
- at office visits with specialty care physicians, which are appropriate to the child's special health care needs.
- At any other time in which the caregiver wants or needs an update or copy of the child's record

Medical information about the child in DCFS custody is shared with the birth parents at various points in time in foster care:

- if present for the child's Comprehensive Health Evaluation, in communication with the examining physician;
- at the initial and subsequent Family Meetings; and
- during contacts with the child's caseworker during the foster care stay and upon the child's return home.
- At any point, the birth parent requests a copy or updated document

Child welfare caseworkers are able to produce directly from SACWIS, an electronic Health Passport as a summary of the child's identified health needs and health services received. The electronic Health Passport is continuously updated with information received from an electronic interface with the Medicaid agency as well as information

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

directly entered by the HealthWorks lead agencies and by child welfare caseworkers. Enhancements to the electronic Health Passport have been made to include data from the DHS/Cornerstone system and the Illinois Department of Public Health databases. Communication with the aforementioned continues to progress to enhance our data sharing capabilities.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;

All children and youth in the Department's legal custody are required to have a **primary care physician (PCP) to serve as the child's "medical home"** responsible for conducting ongoing examinations and screenings, in accordance with the standards of Medicaid Healthy Kids/EPSTD Program. The benchmark for the number of children in foster care who are enrolled with a PCP is 95%. As of the end of the Third Quarter of FY 2021, the percent of children enrolled with a PCP as the medical home was **90.98%** statewide. The development and implementation of the electronic Health Passport will continue to facilitate this continuity of health care services.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;

The Department has implemented extensive and detailed rules and procedures to ensure oversight of medications for children in its custody prescribed by physicians, particularly psychotropic, and over-the-counter medications.

When children come into the custody of DCFS, the Child Protection Investigator is to request of the parents/available caregivers the child's current prescriptions and over-the-counter medications, emergency/rescue medications, e.g., inhaler, epinephrine, etc. (Procedures 301.120)

In assessing the child's individual needs for placement, the placing worker is to provide information about the child's current medications, including prescriptions, over-the-counter, and emergency/rescue medications. (Procedures 301.60)

In the initial, comprehensive, and ongoing assessments of the child, the caseworker is to ensure that the foster parent has received instructions on when and how to administer medications and, when appropriate, to ensure that there is authorization with the consensus of the caregiver, caseworker, and prescribing physician for the self-administration of medications. (Procedures 315.100)

Foster parents and relative caregivers are required to keep a log of all medications that the child is taking. This includes psychotropic medications as well as prescription and non-prescription medications. (Rules 402; CFS 534, 8/2002) Procedures 302, Appendix H, provides for extensive oversight for the administrations of medications in Transitional (TLP) and Independent (ILO) living arrangements.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Consent for psychotropic medications requires specific review and approval by the psychiatric consultant of the Office of Guardianship Administrator. (Rules 325; CFS 431-A, Rev. 8/2006) Prescription medications for psychiatric disorders are written by psychiatrists, with oversight by an Oversight Treatment Team appointed by the Agency Director: Medical Director, Chief Psychiatric Consultant, Chief Nurse, representatives of the Division of Guardian and Advocacy and the Division of Clinical Services. An initiative for children under 6 years of age on psychotropic medication, was implemented that requires they be evaluated by child psychiatrist when entering custody.

The Care Oversight Committee is chaired by a child and adolescent psychiatry specialist. The committee reviews the data on youth in residential treatment, youth in residential beyond medical necessity, and the age and diagnosis of youth prescribed multiple psychotropic medications.

The University of Illinois/Chicago (UIC) developed and maintains a program related to the oversight of psychotropic medications for DCFS youth, including providing the DCFS Centralized Psychotropic Medication Consent Program with requested administrative data. The Consent Unit is also able to run general reports related to numbers of psychotropic medications completed during different time periods. UIC has also contracted to draft materials and review and comment on DCFS developed casework best practice guidelines, administrative rules and procedures which govern management of psychotropic drugs and develop training materials, curricula and arrange or conduct training for DCFS identified staff in protocols for psychotropic medication management.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;

The Illinois Department of Children and Family Services actively consults with and involves physicians and other appropriate medical professionals throughout the entire life of the child case, from the investigation phase to placement, as well as assessment, permanency, and service planning.

Child Protection Investigators can consult with a statewide network of health care professionals with expertise in child abuse and neglect to provide medical evaluations assessing children for sexual abuse, physical abuse and/or neglect. The network was developed as a joint venture by DCFS and the Pediatric Resource Center, a program of the University of Illinois, College of Medicine, in Peoria IL and now involves other physician consultant services in the northern and southern parts of the state.

This network of expert physicians and nurses is closely associated with the Children's Advocacy Centers available for multi-disciplinary consultations and assessments of sexual abuse and serious physical abuses cases. The multi-disciplinary teams consist of representatives from law enforcement, DCFS child protection services, county state's attorney prosecutors, and medical and mental health professionals.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Further, Child Protection Investigators in Cook County can consult with physicians and child abuse medical experts who participate in the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC). MPEEC was established in 2001 to ensure that every child reported for serious abuse or neglect receives a timely medical evaluation by a child abuse medical expert. MPEEC providers conduct expert medical review for all cases of head trauma, fractures, internal injuries, and burns in children aged 3 and under who live in Cook County and are reported to DCFS as alleged abuse cases. This review includes the consultation for second opinions of possible cases of serious physical abuse or neglect.

At the point that DCFS has taken protective custody of a child, the Child Protection Investigator or assigned caseworker arranges for an Initial Health Screening of the child with a medical provider in the networks developed by the HealthWorks lead agencies covering all counties in the state. The range of IHS providers includes hospital emergency departments to ensure 24/7 availability, urgent care centers and community health centers, which are the preferred settings for the screening of the child, and physicians in private practice who may have been the children's primary care providers.

DCFS follows a model for Comprehensive Health Evaluations which utilizes a limited network of qualified medical providers to conduct this evaluation. This was to ensure that a comprehensive assessment utilizing standardized health care documentation was completed for each child within the first 21 days of temporary custody. These are community-based physicians who have an interest in and experience with, serving children in foster care.

A central responsibility of the HealthWorks lead agencies is to develop and maintain networks of qualified primary care providers to serve as the medical home for children placed in foster care. Over and above their participation in the Medicaid program, these physicians are ideally Board-certified in Pediatrics, Family Practice, Internal Medicine, Obstetrics-Gynecology or have completed an accredited residency in one of these primary care specialties and have active hospital privileges for admission and patient care of pediatric patients. Due to a lack of resources in some areas of the State, Nurse Practitioners and/or Advanced Practice Nurses are utilized for the exams. There is a network of approximately 2000 Primary Care Physicians (PCPs) organized by the HealthWorks Lead Agencies to serve children in foster care. From the start of the HealthWorks Program, DCFS adopted the model of using community health resources, rather than hiring medical professionals directly or using a closed panel/HMO model to provide for the ongoing health care of children in its custody.

DHFS/Medicaid contracts with DentaQuest to refer all Medicaid recipients to dentists who accept Medicaid. Caseworkers and foster parents contact DentaQuest directly to request information about participating dentists. DHFS/Medicaid has established a contract with DentaQuest for all dental services. DentaQuest refers all Medicaid recipients to dentists who accept Medicaid payments as payment in full. DentaQuest representatives provide the caller with information on enrolled providers within geographic

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

proximity. DentaQuest provides the same service to locate specialty dental providers. The same provider locator function is available via DentaQuest's website.

A shortage of Medicaid enrolled dental providers throughout the state, especially in central and southern regions, is an on-going concern. Specialists are the biggest concern and many times, children must travel to the Chicago area to get their wisdom teeth removed. Identifying providers who offer sedation remains an issue as there are few providers who offer this service and will accept the Medicaid rate. Services for special needs children are/always have been an issue as this goes along with sedation. Finding a provider to treat a special needs child is difficult in itself, but when sedation is needed, that presents a double issue (sedation and special needs). DCFS children/youth were to be enrolled in Managed Care in October 2018 but that initiative has been delayed by the State due to the public health emergency.

The Department also contracts with a pediatrician from Rush University Children's Hospital who is board-certified in General Pediatrics and Child Abuse Pediatrics who serves as Medical Director. In addition to consulting with the Department on DCFS policy and procedures related to children's health needs, the Medical Director is also available for consultation on difficult cases including Medical Child Abuse (formerly known as Munchausen syndrome by proxy), organ transplant, terminal illness and children with medically complex conditions.

The Department employs a Chief Nurse and child welfare nurse consultants who are co-located in DCFS Field Offices in each of the Department's six regions in the state. The nurses provide consultation services to child welfare caseworkers, both DCFS and POS, particularly for children with special health care needs for the assessment of risk and safety issues and for enhanced continuity of intervention and oversight of children's health care. The past several years has seen an increased presence of the Child Welfare Nurse Specialist in the field. This is due to the Health Services initiative to become more engaged and proactive with the child and family team.

Foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses;

The Department utilizes a staffing process in which clinical professionals review and staff youth with significant emotional, behavioral, developmental and medical diagnoses to ensure that they are appropriately matched with the appropriate level of care based on diagnoses. This clinical staffing includes significant adults and professionals who are involved in the care and treatment of the youth and also includes subject matter experts from the Department's Specialty Services Unit and DCFS Nursing. Clinical assessments are reviewed and if there is need for diagnostic clarification, this information is clarified and/or additional assessments are recommended for completion. DCFS Policy Guide 2012.03, Division of Clinical Practice Consultation by Specialty Services Specialists reflects these guidelines.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Licensed clinical psychologists participate in the priority clinical staffings for youth 12 & under. They also review requests for psychological and neuropsychological evaluations and parenting assessments for appropriateness and review the completed reports to provide feedback to the casework staff concerning results and recommendations.

A Care Oversight Committee composed of the Medical Director, Child Psychiatry, Child Psychology, DCFS Chief RN and DCFS guardian meets monthly to review complex behavior/psychiatric cases and makes recommendations regarding evaluation, treatment and placement for these youth.

The Health Integration Committee - multidisciplinary group meets monthly to discuss current issues regarding Healthcare for DCFS Youth as well as reviews cases of youth in care with complex medical and/or behavioral issues. This committee is also utilized to evaluate the decision to pursue or not pursue, service appeals when in-home nursing hours are being reduced.

Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

- The Department provides monthly reports that identify youth aging out of the foster care system. These reports are shared with Medicaid. This prompts Medicaid to ensure these children are enrolled in Medicaid at the time the legal relationship ends with DCFS and there is no lapse in coverage.
- Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
 - Identification card;
 - Social Security card;
 - Driver's license and/or state ID;
 - Medical records and documentation to include, but not be limited to:
 - ✓ Dental Reports;
 - ✓ Immunization Records;
 - ✓ Name and contact information for Primary Care Physician, and any Specialists working with the youth;
 - Name and contact information for OB/GYN, when applicable;
 - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

- Certified copy of birth certificate;
- Documents and information on the youth's religious background;
- U.S. documentation of immigration, citizenship, or naturalization;
- Death certificate(s) of parent(s), if deceased;
- Medicaid card or other health eligibility documentation;
- Life book or compilation of personal history and photographs
- List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- Copy of Court Order for Case Closure;
- Resume;
- List of schools attended, previous placements, clinics used;
- Educational records, such as high school diploma or general equivalency diploma; and
- List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

Activities for Quality Improvement FY2020

In addition to continuing the services described in this section of the report which are intended to ensure that children in foster care receive the health services necessary to meet their Well-Being needs, the Department is engaged in the following quality improvement initiatives:

- DCFS is in development of a secured Web Portal for the use by primary care and other physicians caring for children in foster care so that these healthcare professionals have on-line access to health information to ensure continuity of care and to eliminate duplication of services provided to the child. The secured Web Portal would also serve the needs of foster parents and relative caregivers to ensure easy access to health information for the child in their care. The same access would be extended to youth ages 16 years and over who are taking over responsibility for their own health care and transitioning to independence. The secured Web Portal access would be to an on-line version of the Health Passport.

Update and 2020-2024 activities: The Department continues to pursue this goal. Some work has been done and Health works lead agencies now have access to a web portal. An enterprise service request was completed for the portal and is pending. In addition, a work group is evaluating the development or purchase, of a system that will allow foster parents to have access to medical information regarding the child/youth in their care up to age 12. The system will be time

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

sensitive to ensure that access to this personal health information is only available to the foster parent during the time the child/youth is in their care.

- Utilization of health care services for children in foster care will continue to be monitored in FY 22 and enhanced with the adoption of nationally recognized quality health care measures for children -- CHIPRA (Children's Health Insurance Program Reauthorization Act of 2009) Core Measures:
 - Childhood and Adolescent Immunization Status
 - Well Child/EPSTD Examinations for Children and Adolescents
 - Dental Care – Preventive and Treatment Services
 - Emergency Department Visits
 - Children with Asthma with More Than One ED Visit
 - Follow-up Care for Children Prescribed ADHD Medications
 - Follow-up Care After Hospitalization for Mental Health Conditions

Update and 2020-2024 activities: The Department continues to track and report CHIPRA data to the federal government. These measures are used to identify and act on areas needing improvement. While child and adolescent access to primary care physicians, well child exams (age 3-6), and some adolescent immunizations continue to do well (most over 90%), adolescent well child visits, preventive dental services and immunization, especially HPV vaccines, are areas needing improvement. Health Services provides reports to Health works lead agencies and congregate care facilities, sharing areas needing improvement. There was some interruption of reporting as the Health Services positions of management information specialist and Coordinator were vacant for over one year. These positions were filled December 2020 and October 2020 respectively. The responsibility of program improvement plans has moved to the Youth Care Managed Care organization. Health Services continues to work with the MCO to support the transition and the changes in process .

- A Screening program for in utero Alcohol Exposure for youth entering care in Cook County was implemented in early 2018. This project helped to ensure those identified children receive the services and programming necessary to help them reach their full potential. The program is currently on hold due to staffing issues but can be re-implemented when staffing levels are restored.

Update and 2020-2024 activities: The Fetal Alcohol Spectrum Disorder project was interrupted by several personnel changes, specifically the loss of the DCFS medical director and the university partner set to analyze that data. The number of cases identified and screened for the project was lower than anticipated which has led to questionable data analysis. Health services continues to work with our university partner to determine next steps for this project. Health Services goal is to resume data collection and analysis and extend past year one and into at least, a 2nd year to ensure significant data.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

- A Committee continues to meet monthly to identify and discuss markers for well-being in children

Update and 2020-2024 activities: The Child Well-being committee continues to meet on a monthly basis. Indicators for well-being are discussed.

- Since January 2015, Quarterly Congregate Care health compliance reports are sent to CEO's of agencies identifying deficient healthcare for our youth in their settings.

Update and 2020-2024 activities: Congregate Care reports continue to be sent to the agencies providing care for DCFS children and youth. These reports identify areas of compliance for yearly EPSDT, yearly preventive dental, yearly seasonal flu shot, Tdap, meningococcal and HPV compliance. Dissemination of these reports was sidelined during the calendar year 2020 due to lack of staffing but resumed in April 2021.

- Since February 2016, quarterly teen health compliance reports that identify deficient immunizations and basic preventive health care for our youth are sent to agencies and the field. Health Services staff assist agencies with the follow up and recording of updated information and completing any immunizations out of compliance for the youth. Again, production of these reports resumed in April 2021. The Health Services Information Management position was filled in December 2020 and the Health Services Coordinator position was filled in October 2020.

Update and 2020-2024 activities: Reports continue to be sent to the agencies providing care for DCF. Health Services has implemented planning for a program improvement plan for those agencies needing improvement. Efforts to standardize program improvement activities continue during bi-weekly conversations with the Health Works Lead Agencies.

- A Health Services Sharepoint Dashboard has been developed which contains cumulative aggregate health compliance stats for youth placed in Congregate Care facilities, as well as teens being monitored by DCFS and POS agencies. This dashboard continues to provide current, accurate congregate care data.

Update and 2020-2024 activities: This project remains partially complete. Some aspects are developed but there are remaining updates to be completed. Health Services continues to work with Information Technology to enhance the Sharepoint site.

- An Asthma Project has been implemented which identifies youth age 6 and over, with hospitalization or emergency room visits in the last 6 months and provides a DCFS Nurse to do a home visit for education and training to the caregiver and child. A follow up is conducted 3 months following the initial home visit project.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Update and 2020-2024 activities: This project is currently in full swing. DCFS has partnered with Northwestern to enhance the scope. The Health Services Coordinator continues to be a part the Asthma Project. Consultation with university partners, the DCFS Medical Director and DCFS Nursing services surrounding this project are on-going.

- The Department continues to engage other State agencies in expanded data sharing agreements to insure the accuracy and timeliness of critical information for our children and youth.

Update and 2020-2024 activities: Continue Objective. The Cornerstone system is being replaced at the end of this fiscal year. (FY 21). DCFS Health Services is working with other agencies to ensure the needs of the Department are included in this new data sharing. As well as identifying any “glitches” in the process.

- The Department has put a hold on the project to identify Failure to Thrive among children under the legal custody of DCFS. This project is designed to identify and implement interventions to those identified children to insure issues are addressed and the child thrives while in the care of the Department. The hiring of a Health Services Coordinator will support this project.

Update and 2020-2024 activities: The Health Services Coordinator position was filled October 2020. This project remains in the queue.

- The Department conducted a survey of foster parents designed to identify strengths and areas needing improvement in regard to accessibility and quality of health services for our children/youth. It should be noted that the overall response of the survey is that children do have primary care physicians and they are generally available. A second survey will be conducted following the implementation of managed care.

Update and 2020-2024 activities: DCFS and Northwestern have taken over this project. Continue Objective.

- Managed Care was implemented September 1, 2020 for DCFS Youth.

Activities related to the Covid 19 pandemic;

Initial Health Screen (IHS) and comprehensive evaluation (CHE) compliance data are expected to continue to be negatively impacted due to the public health emergency and added barriers related to such. Compliance data related to timeframes will most likely not meet standards due to the availability of providers, transportation and exposure issues for our children/youth and caregivers. The medical providers of initial health screens, comprehensive health evaluation, immunizations and well child visits limited access to their services due to the pandemic. Because of new and increased restrictions placed on

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

ER's and hospitals to quarantine and/ or isolate the public health crisis, DCFS children were being turned away.

Health Services continues to allocate all staff to assist in addressing issues resulting from COVID-19. Every day challenges such as initial health screen service provision and completion within 24 hours, Comprehensive Health Evaluations provision and completion within 21 days, immunization schedules and acceptable exceptions, possible exposure to our children, most of whom are medically complex, when home and vehicle modifications are being done

Health Services continues to work with Operations to develop alternative sites, hours, and systems to ensure health exams are completed as required. Health Works Lead Agencies (HWLA) are communicating directly with field offices to keep them abreast of any changes and/or alterations in service provision. Health Services is also identifying alternative resources for completing CHE's including specific office hours with providers for "well" children, identification of alternative provider such as ANP, utilizing telehealth, and expanding the initial health screen to assess issues normally addressed in a CHE.

Health Services continues to meet with all Health Works Lead agencies to identify and develop alternative resources as challenges arise. Temporarily allowing advanced nurse practitioners, some in the health departments themselves, do the IHS and possible CHE has been implemented. Health Services is also working with a team including DCP, the Guardian, and Medical Director to develop alternative resources to complete the initial health screen and the comprehensive health evaluation as required.

Health Services has suspended annual site visits to the Health Works Lead Agencies in March 2020 due to the public health crisis. Efforts are ongoing to complete these reviews electronically. The Health Works Lead Agencies are active partners in these process alteration solutions. Due to the transition to managed care September 2020, Youth Care will have responsibility for contract management. Health Services will continue to support the process as needed.

Home and vehicle modifications continue to be vetted on a case by case basis to determine the risk involved in installation due to the Covid-19. A team of the Medical Director, DCFS Guardian, Health Services and DCFS nursing, evaluate each request on an individual basis and make recommendations for initiating or "tabling" each project. Most of the children needing these modifications are medically complex and must be safeguarded from exposure from outside visitors. Health Services continues to evaluate these on a case by case basis.

IDPH issued temporary guidelines for well child and immunizations for our children due to COVID-19 in Spring 2020. Health Services has communicated all IDPH information regarding the health needs of our children and youth, to the Health Works Lead Agencies as it is available.

FY22 Healthcare Oversight and Coordination Plan
Illinois Department of Children and Family Services

Health Services worked with the Health Works Lead Agencies (HWLA) to develop individual plans to ensure there are enough providers to perform medical exams for youth during the current COVID-19 medical crisis. The program asked each of the 19 HWLA to contact all providers, determine their availability, and develop a “work around” plan during this public health crisis. The plan must include measures the agency is taking/has taken to ensure the health care needs youth in care are being met and that contractual responsibilities are upheld during this public health crisis. Health Services is assisting the agencies in developing these plans. The HWLA continue to be very invested and willing to work hard to ensure the exams for our children and youth occur as required. As efforts continue and as safeguards get put into place, compliance is expected to rise.

Health Services is also involved in the following initiatives and activities surrounding the public health crisis;

- Development of the CQCs (COVID Quarantine Centers)
- Rapid COVID testing sites at regional offices
- Temporary general consent for YIC to participate in Telehealth visits
- Establishment of reporting protocols for COVID infection and exposure of staff, Youth and caregivers
- Development of policies related to parental visitation during COVID
- Distribution of PPE, cleaning supplies, hand sanitizer to POS agencies, foster parents and residential facilities
- Development of a COVID resource center on the D-Net.

It should be noted that at this time, Health Services has very little current data to determine the effectiveness of the work around Covid-19. Tracking systems have been put in place to collect and analyze this data and to utilize it to develop processes to improve our approach to a public health crisis. Lack of staffing in important technology positions has been a challenge since 2019 but new technical staff have been added in the last few months. Health Services is in process of restoring data reporting activities to their former level.